RECEIVED **CENTRAL FAX CENTER** NOV 3 0 2004

LAW OFFICES

ANTONELLI, TERRY, STOUT & KRAUS, LLP

SUITE 1800 1300 NORTH SEVENTEENTH STREET **ARLINGTON, VIRGINIA 22209**

TELEPHONE: (703)	312-6600 FACSIMILE (703) 312	2-6666					
F	ACSIMILE TRANSMIS	SION					
From: Alfred A. Stadnicki	Date: November 30, 2004						
Client/Matter No.: 09/867,589	No. of Pages:2	(including cover sheet)					
Deliver To	Facsimile Number	Reference Number					
Examiner Toi Johnson	703-872-9306	Our Ref: 3350-81 File No. 1158.41333X00					
□Urgent □ For Ro	eview □Please Comment □P	lease Replly					
ached please find a Change of Correspon	adence Address for the above-refe	erenced application.					
you experience any problem regarding th	is transmission, please contact	ext. <u> </u>					
Confirmation Copy will not follow.							
NFIDENTIALITY NOTICE: The document accompanying	this factimile transmission commins confidential info	ornation belonging to the sender which is legally					

introduced only for the use of the individual(s) or entity(ses) named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the common of this farsimile information is strictly prohibited. If you have received this

facsimile in error, please immediately notify us by telephone to arrange for return of the original document to us.

Please type a plus sign (+) inside this box ->

PTO/SB/122 (11-96)
Approved for uso through 6/30/99. OMB 0651-0035
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:

Assistant Commissioner for Patents Washington, D.C. 20231

		~	
Application Number	09/867,589		
Filing Date	May 31, 2001		
First Named Inventor	L. HOGAN		
Group Art Unil	3624		
Examiner Name	S. Wasylchak		
Attorney Docket Number	1158.41333X00/3350-81		

to: X Custom	er Number	020457 Vipe Customer Number I] —	fied ap		11111 0457
OR					H/TE/(0061	11 WHOX OFFICE :
Firm <i>or</i> Individual Na	me					·
Address	1					
Address		<u> </u>				
City			Sta	le	ZIP	
Country				,,	···	
Telephone				Fax	703-312-6666	
change the di Number Data	Applicant. Assignee of Certificate to	d with an existing C	e interest.	Numb	vith a Customer Nu er use "Request for	Customer
Typed or Printed Name	Alfred A. S	tądnieki:			<u></u>	
Signature			-			
Date	November 30	. 2004				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.